For Office Use Only	\$300
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Application for Optometry Licensure Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT

For Office Use

License #:

Date Issued:

Instructions are found on page 3

1.	2		
	Last Name First Name and Middle Name		
3.	Mailing Address		
4.			
6.	Daytime Phone (Including Area Code) 7. Date of Birth Social Secur	ty Number*	
	Male Female 10. Gender (optional question) If any of your documentation is in a name other than your current name, list the previous	us names of re	ecord.
The f	ollowing questions must be answered. If you answer "Yes" to the next six questions, (1) attach a signed	letter of exp	lanation
and (3	ling the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and attach a copy of all official court documents regarding your conviction/malpractice suit, including finament. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your conviction or judgment has been deferred or expunged from your conviction or judgment has been deferred or expunged from your conviction or judgment has been deferred or expunged from your conviction or judgment has been deferred or expunged from your conviction.	l dispositio	
11. B	een convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime r than minor traffic violations with fines under \$500)?	Yes	No
12. H	ad any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes	No
regists profes	een investigated by a licensing, registration, or certification authority or organization; or had a licensing, ration, or certification authority or organization institute disciplinary action against you related to your sional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" equestion).	Yes	No
14. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).			
15. Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)			
	een engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are atly a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No
17	rpe of Application: Examination		

Professional Education

	Degree date	:
Name of professional educational institution		
20. Are you or have you ever been licensed in another state?		Yes No
If yes, list the two letter postal codes of the state(s) below. (Please note: Official verification must be received directly from each state be	pard office to complete your application.)	
21. An applicant for licensure by endorsement shall provide pro- evidence of three years of active practice in another state, territory of application. If licensed in another state, list below where you prac-	or district of the United States imm	
a. Name:		
Office address:	Date: From	to
Type of practice:		
b. Name:		
Office address:	Date: From	to
Type of practice:		
c. Name:		
Office address:	Date: From	to
Type of practice:		
d. Name:		
Office address:	Date: From	to
Type of practice:		
I certify that I have carefully read the questions on this application under penalty of perjury that my answers, and all other statements of true and correct. If it is determined at any time that I have provapplication, I understand that my application may be denied or prosecution if I am already licensed.	or information submitted by me in ided misleading or false informati	this application process, are on on or in support of this
I understand that I am required to update answers or information so during the time period the application is pending. I also understated Iowa Code, Chapter 22 and that application information is public. Finally in submitting this application, I consent to any reasonable is provided on or in conjunction with this application.	nd that this application is a public information, subject to the exception	c record in accordance with ions contained in Iowa law.
*This information is collected pursuant to Iowa Code Chapters 252, result in license denial. Privacy Act Notice: Disclosure of your Sci 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number obligations and as an internal means to accurately identify licensees including Iowa Code § 421.18.	cial Security Number on this licen- will be used in connection with the	se application is required by e collection of child support
22	<u> </u>	
Applicant must sign here in ink	Date	

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INSTRUCTIONS/CHECKLIST

To complete the application, answer each questions completely in ink. Print legibly and leave a space between words. SUPPORTING DOCUMENTS AND FEES ARE REQUIRED FOR LICENSURE

EXAMINATION:
The non-refundable application fee is \$300. Make check or money order payable to the Iowa Board of Optometry.
Official transcripts with school seal and degree attained sent directly to the board office from the professional school.
Official national board examination scores.
An applicant who has been a licensed optometrist for less than 3 years shall file an application for licensure by examination.
If you currently hold, or have held, an optometry license in any other state(s) or country(ies), you must submit official
verification of licensure status from every state board office where you have held a license. This must come directly to this
office from that states board office.
ENDORSEMENT:
The non-refundable application fee is \$300. Make check or money order payable to the Iowa Board of Optometry.
Official transcripts with school seal and degree attained sent directly to the board office from the professional school.
Official national board examination scores.
If you currently hold, or have held, an optometry license in any other state(s) or country(ies), you must submit official
verification of licensure status from every state board office where you have held a license. This must come directly to this
office from that states board office.
Complete one of the following:
Evidence of three years of active practice in another state, territory or district of the United States immediately
preceding the date of the application which has a similar scope of practice to that required in Iowa as determined by
the board. This would need to be a letter from an employer with the beginning and ending dates of
employment. The applicant may be exempt from the requirement of three years of active practice if, during the
above-mentioned three-year period, the applicant was:
1. Teaching optometry;
2. A military optometrist;
3. A supervisory or administrative optometrist; or
4. A researcher in optometry.
OR
Proof of current Council on Endorsed Licensure Mobility for Optometrists (CELMO) certification
Applications must be complete and signed to be processed. No application will be considered complete until all required
supporting documents and fees have been received in the board office. The board will evaluate your qualifications solely on the
basis of the information submitted. Questions regarding the application process may be directed to 515/281-4287 or
<u>karla.hoover@idph.iowa.gov</u> .

Online license verification

Once licensed you will be able to view and print your licensure status by following these five easy steps. The board office will mail a license certificate and wallet card to you via regular mail.

- 1. Go to www.licensediniowa.gov
- 2. Select "License Search".
- 3. Insert the licensee's name or license number.
- 4. Select the profession from the dropdown list. "Optometry"
- 5. Select "Print" for a paper copy.

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing. When you are licensed, you will be able to view and print your licensure status. Go to www.licensediniowa.gov. Click on License Search, insert your name, and select your profession. Your license and wallet card will be mailed to you after Active status is posted.

Mail the original completed application bearing signature in ink to:
Board of Optometry
Lucas State Office Building, 5th Floor
321 E. 12th Street
Des Moines, Iowa 50319-0075

www.idph.state.ia.us/licensure

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